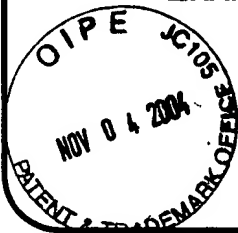


# REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL



Address to:  
Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Application Number 09/904,156  
Filing Date July 31, 2001  
First Named Inventor Dany Berube  
Group Art Unit 3739  
Examiner Name Michael F. Peffley  
Attorney Docket Number 23488-09155

IFW  
RCE

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-entitled application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

## 1. SUBMISSION REQUIRED UNDER 37 C.F.R. § 1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on \_\_\_\_\_  
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
- iii. ☐ Other \_\_\_\_\_
- b. ☐ Enclosed
- i. ☒ Submission and Request for Continued Examination Under 37 C.F.R. § 1.114
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☒ Information Disclosure Statement (IDS)
- iv. ☒ Other: Petition for Withdrawal from Issue

## 2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)
- b. ☒ Return Postcard
- c. ☐ Other \_\_\_\_\_

## 3. Fees

The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.

- a. ☒ The Director is hereby authorized to charge any additional fees, or credit any overpayments, to Deposit Account No. 19-2555
- ☒ Fee Transmittal Enclosed (in duplicate)
- ☒ Check in the amount of \$920 enclosed

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Albert C. Smith	Registration No. (Attorney/Agent)	20,355
Signature	<i>A.C. Smith</i>	Date	11/2/04

## CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office, or if the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on:

Name (Print/Type)	Albert C. Smith	Registration No. (Attorney/Agent)	20,355
Signature	<i>A.C. Smith</i>	Date	11/2/04
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IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

APPLICANT: Dany Berube  
APPLICATION NO.: 09/904,156  
FILING DATE: July 31, 2001  
TITLE: Monopole Tip for Ablation Catheter and Methods for  
Using Same  
EXAMINER: Michael F. Peffley  
GROUP ART UNIT: 3739  
ATTY. DKT. NO.: 23488-09155

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop 313(c), Commissioner For Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date shown below:

Dated: 11/2/04

By: *A.C. Smith*

Albert C. Smith, Reg. No.: 20,355

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P.O. BOX 1450  
ALEXANDRIA, VIRGINIA 22313-1450

SUBMISSION AND REQUEST FOR CONTINUED EXAMINATION  
UNDER 37 C.F.R. §1.114

Sir:

Subject to grant of the Petition under 37 CFR §1.313 submitted herewith,  
Applicants request continued examination of the claims with respect to additional  
references identified in the attached Information Disclosure Statement and attached  
Form SB/08A.

REMARKS

Applicants request continued examination of the claims with respect to the additional references cited in the attached Information Disclosure Statement.

Applicable fees are submitted herewith. Favorable action is solicited.

Respectfully submitted,  
DANY BERUBE

Dated: 11/2/04

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Mountain View, CA 94041  
(Tel) 650.335.7296  
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ATTACHMENT:  
Information Disclosure Statement